

Caries of the articular faces may cause so copious a drainage as to gradually bring the patient to hectic, pyæmia and multilocular abscess in the vital organs.

Finally, malposition, deformity, false and true ankylosis may terminate these diseases, and disable the patient for the rest of his life.

All this should be borne in mind when taking charge of cases of this description, and our prognosis should be guarded under all circumstances, however slight and insignificant the cases might appear at the first glance; for the objective symptoms are not a reliable barometer of the actual condition with which one may eventually have to grapple.

Notwithstanding all I have said in this respect, the prognosis of joint diseases is infinitely better to day than it was fifty years ago. The present generation has achieved a clearer insight into the physiological and pathological character of joints than our professional ancestors; it has successfully rid itself of errors, heresies, and notions which obscured the unbiassed clinical understanding of this class of diseases; and since then we have steadily improved in therapeutic efficiency and self-reliance. What was formerly a *noli me tangere*, has become a coveted object of diligent investigation and treatment. And the results of our cherished efforts are in every respect gratifying to the professional pride, and afford reasonable satisfaction to the patients concerned.

It will scarcely be necessary to enter into prognostic details, inasmuch as they may be inferred from the previous section of these lectures, or may be yet especially alluded to under the succeeding heading.

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TREATMENT OF JOINT DISEASES.

The most important proceeding in this direction is a thorough and systematic examination, comprising both the antecedents of the patient and the present clinical aspect of his disease. In reference to the former, the state of health of his immediate and remote ancestors should be ascertained, as it might possibly affect the prognosis of the case. Next to this is the previous history of the patient, whether he has passed through the ordinary infantile diseases without sequelæ; whether the previous state of his constitution and health has been strong and vigorous, or otherwise. It might be as well to inquire into the character of his temperament, mode of living, residence, domestic surroundings, &c., in order to form an approximate idea as to the status and vigor of his system. The next object of inquiry would be the probable causation of the impending disease. In this respect, gentlemen, I should advise to be searching and persevering, for most parents know so little about it, that we are obliged to sharpen their memory. They will assign the most trivial